

Tempe Parks and Recreation

Softball Registration Form – Meeting Packet

Summer 2003

Please Print and use black or blue ink Only.

WEB COPY



Fill out the form completely. Give as much background as possible about your team. Approach the Registration Form with the thought that Parks and Recreation does not know your team.

Team Name _____

Former Team Name _____

Manager _____

Address _____ APT # _____

City _____ Zip _____

Phone (Home) _____ (Work) _____ (FAX) _____

Phone (Pager) _____ (Mobile) _____ (E-mail) _____

Check the LEAGUE you wish to play

Team Slots Available

Men's Doubleheader: M & Th _____ 48

Men's Doubleheader: Tu & W _____ 64

Women's Doubleheader: T or Th _____ 16

Co-Rec: Friday _____ 48

Co-Rec: Sunday _____ 64

Check the CLASSIFICATION you wish to play:

_____ B _____ D

_____ C _____ E

Day of Play: Please rank the days below according to your preference. **Note:** you may not get your first choice so be prepared to play another night.

Men's Doubleheader: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday

Women's Doubleheader: _____ Tuesday _____ Thursday

Co-Rec: _____ Friday _____ Sunday

Teams with previous Tempe experience please answer the following. This information is important!

Summer 2002 Classification _____ Field _____ Record _____

Fall 2002 Classification _____ Field _____ Record _____

Spring 2003 Classification _____ Field _____ Record _____

If you are requesting a classification change -- why? _____

Are you a newly formed team? If yes, why have you requested the above classification? _____

Have you been playing in another city? What city? _____ Under what classification? _____
What was your record? _____

Are there any other teams you want to be in the same league with? If yes, who? _____

Please understand that once the team registers no refunds are available unless the league is cancelled.

FOR STAFF USE ONLY

ENTRY FEE: _____ PAID BY: _____ STAFF: _____